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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-TB 4568	
SERIAL NO: 09/765,693	FILING DATE: January 19, 2001	EXAMINER: M. Baker	GROUP ART UNIT: 1639	
INVENTION: MULTI-PARTITE LIGANDS AND METHODS OF IDENTIFYING AND USING SAME				

TO COMMISSIONER FOR PATENTS

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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DATE OF DEPOSIT: February 12, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Enk Mumbert  
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)  
Enk Mumbert  
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Communication mailed December 30, 2002, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for One-Month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	30	-	20	-	10	x	\$9	\$18	=	\$90	\$
INDEPENDENT CLAIMS	6	-	3	-	3	x	\$42	\$84	=	\$126	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		xx	NO	\$140	\$280	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$216	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: Daniel S. Sem  
Serial No.: 09/765,693  
Filed: January 19, 2001  
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       Please charge my Deposit Account No. 03-0370 the amount of \$      . A duplicate copy of this sheet is enclosed.

  X   A check in the amount of \$271.00 is enclosed, \$55.00 of which covers the fee for a one-month extension of time and \$216.00 covers the additional claims fee.

  X   The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

  X   The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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